## APPLICATION FOR REAL ESTATE EXEMPTION

## FOR CERTAIN ELDERLY AND HANDICAPPED PERSONS

ASSISTANCE IN COMPLETING FORM MAY BE OBTAINED IN COMMISSIONER OF REVENUE OFFICE OR BY CALLING 263-7070 This application must be filed with the Commissioner of Revenue between Jan 3 and Feb 15 of each tax year. Phone Number Owner or owners of Property as listed on tax bill. Address Age Name of Applicant Date of Birth Social Security Number 3. List names of all persons residing on property, also their age and relationship to applicant. 4. Complete this section for all persons residing on property who have income of any type. (wages, social security, retirement, dividends, interest, etc.) Amount received during \_\_\_\_ Source Name of person receiving income Total 5. Financial Statement of head of household and all relatives living in dwelling. (Based on status as of Jan. 1, Cash on hand and in banks (see schedule)\_\_\_\_\_ Accounts Payable Stocks & Bonds (see schedule) Loans Payable Real estate owned (see schedule) Mortgages Payable Cash value Life insurance Other Liabilities (see schedule) Other assets (see schedule) Total Liabilities

Net Worth

Total Assets\_\_\_\_\_

	Se	chedules		
BANK ACCOUNTS: Name of Bank	Amount	LIABILITIES:		
	ondeposit	Automobile		
	· ·	Appliances		
		Taxes		
ASSETS:				
<b>A</b>				
Automobile	_ \$			
NAME OF CORRORATION	STOCKS	AND BONDS		
NAME OF CORPORATION	REGISTER	REGISTERED IN NAME OF		VALUE
	PEAL	ESTATE		
DESCRIPTION OR PARCEL NO.	TITLE IN NAME	OF: VALUE	MORTGAGE HOLDER	AMT. OF MORTGAGE
				MOTTGAGE
-				
NOTE: Any person falsely cla	iming and acception			
NOTE: Any person falsely cla	and exemption h	nere under shall be guilty	of a misdemeanor.	
OATH: I the tundersigned and		¥		
OATH: I the undersigned appliand correct to the best of my ki	icant, do swear (or affiri nowledge and belief	m) that the foregoing figu	res and statements are true,	full .
		Sig	nature of Applicant	
Date		organiste of Ap		
			Witness	
	FOR OFFICI	E USE ONLY		7
		·		(
DESCRIPTION OF PROPER	RTY	PARCEL NUMBER	TICKET N	UMRER
1 1 1 March - 6 - 1 1 1 m	-			)
Worth from line 5		Comments:		
me (from line 4)		·		
- CABINIPI				
AL COMBINED INCOME				
PERCENTAGE RELIEF GRAI	NTED		•	

al tax \$\_

Amount Exonerated